

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060  
Phone: (800) 752-8402 • Fax: (317) 776-6891  
www.roushins.com • Email: quote@roushins.com

Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Public Entity Application Electric Utility Questionnaire F

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

1. Number of utility users: Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_

2. Annual payroll (**less clerical**): \$ \_\_\_\_\_

3. Main location? \_\_\_\_\_

4. Total number of locations, including substations: \_\_\_\_\_ Years in operation: \_\_\_\_\_

5. Are all locations protected? .....  Yes  No

Fenced? .....  Yes  No

Lighted? .....  Yes  No

Alarms? .....  Yes  No

Other? \_\_\_\_\_

Describe controls at substation with reference to signage: \_\_\_\_\_

\_\_\_\_\_

6. Surrounding area?  Rural  Metro Nearest residence: \_\_\_\_\_ (ft.)

7. Are there any PCB transformers? .....  Yes  No

Number: \_\_\_\_\_

When is replacement scheduled? \_\_\_\_\_

8. Who is responsible for inspecting operations? \_\_\_\_\_

\_\_\_\_\_

9. How frequently is inspection done? \_\_\_\_\_

10. Who monitors and checks regulation flow? \_\_\_\_\_

11. Number of miles of distribution line? \_\_\_\_\_ Underground? \_\_\_\_\_ Overhead? \_\_\_\_\_

12. Describe pole and line maintenance (who maintains, how often inspected, how documented): \_\_\_\_\_

\_\_\_\_\_

13. Are maps maintained? .....  Yes  No

14. Maximum annual kilowatts distributed? \_\_\_\_\_

15. Total annual revenues for electricity distributed? \_\_\_\_\_

16. Advise if generating electricity: .....  Yes  No  
If "yes," advise the source of power:  Fossil fuel  Hydro-electric  Nuclear  
What is total daily capacity? \_\_\_\_\_ Peak demand daily? \_\_\_\_\_  
Total annual revenues for generation? \_\_\_\_\_  
Generation:..... % Distribution:..... %  
Number of miles of transmission lines? \_\_\_\_\_
17. What is power source? \_\_\_\_\_
18. Alternate power source? \_\_\_\_\_
19. Describe consumer complaint procedure, if any: \_\_\_\_\_  
\_\_\_\_\_
20. Describe turn on/turn off procedures: \_\_\_\_\_